

AMERICORPS PROGRAM REVIEW INSTRUMENT

for

Pre-Review, Site Visit, and Post Site Visit

There are five modules contained within this review instrument. These are arranged according to subject matter as well as sequence:

- MODULE A: Reporting and Communicating and Early Issue Identification
- MODULE B: Member Documentation
- MODULE C: Financial Review
- MODULE D: Program Management Review
- MODULE E: Program Effectiveness Review

In order to effectively use this tool, those performing the monitoring need to be familiar with AmeriCorps laws and regulations. To facilitate this understanding, items throughout are referenced to the source of the requirement:

Pr=AmeriCorps Provisions

GPG=Grants Policy Guidance

OMB=OMB Circular

COVER SHEET FOR MONITORING AND REVIEW DOCUMENTS

Please staple cover sheet onto any evaluation documents that require identification.

1. Program Name and I.D.:	2. Name(s) of person(s) providing information:

3. Name and title of person(s) completing this form:	4. Date(s):	5. Type of assessment <input type="checkbox"/> Self-Assessment <input type="checkbox"/> Outside Assessment

Based on our risk management strategy, this review will encompass the following modules of the Program Review Instrument:

Additional Comments:

MODULE A:
REPORTING AND COMMUNICATING
AND
EARLY ISSUE IDENTIFICATION
Pre-Review

- I. Reporting and Communicating**
 - Pre-Site Items (using WBRS data)
 - Site Visit Items
- II. Early Issue Identification (Site Visit)**

Module A: Reporting and Communicating, Early Issue Identification

Instructions

For Self-Assessment:

1. The program director or other senior staff should complete this form.
2. Complete this form based on knowledge of the program's reporting and overall progress.

For Outside Reviewer:

1. Complete this form periodically, as appropriate.

Background Information

1. Commission Name:	2. Name(s) of person(s) providing information:
3. Name and title of person(s) completing this form:	<div>4. Date(s):</div> <div>5. Type of assessment</div> <div> <input type="checkbox"/> Self-Assessment <input type="checkbox"/> Outside Assessment </div>
<div>6. This form contains information collected from interviewing, conversing with and/or observing:</div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Board Member(s) </div> <div style="width: 50%;"> <input type="checkbox"/> Member(s) </div> <div style="width: 50%;"> <input type="checkbox"/> Member supervisor(s) from partner organization(s) </div> <div style="width: 50%;"> <input type="checkbox"/> Program staff </div> <div style="width: 50%;"> <input type="checkbox"/> Other stakeholder(s): </div> </div>	

I. Reporting and Communicating

Does the program	Yes	No	Comments	AmeriCorps Provision
a. Submit accurate member enrollment forms within 30 days of enrollment? (WBRs)	<input type="checkbox"/>	<input type="checkbox"/>		IV.E.2., IV.C.1., IV.J., IV.L.1., IV.N.2.a.
b. Submit accurate Change of Status forms within 30 days of change? (WBRs)	<input type="checkbox"/>	<input type="checkbox"/>		IV.E.2., IV.F.3., IV.J., IV.L.1., IV.N.2.b.
c. Submit Progress Reports when they are due? (WBRs)	<input type="checkbox"/>	<input type="checkbox"/>		IV.N.1
d. Produce Automated Progress Reports (APR) that provide all required information? (WBRs)	<input type="checkbox"/>	<input type="checkbox"/>		IV.N.1
e. Submit FSRs in a timely manner? (WBRs)	<input type="checkbox"/>	<input type="checkbox"/>		IV.N.1
f. Produce accurate and otherwise acceptable FSRs? (WBRs)	<input type="checkbox"/>	<input type="checkbox"/>		V.A.1., VC
g. Show on FSRs that program is meeting match requirements? (WBRs)	<input type="checkbox"/>	<input type="checkbox"/>		IV.K.
h. Are member time sheets up to date and signed by appropriate members and supervisors? (WBRs)	<input type="checkbox"/>	<input type="checkbox"/>		
i. Have A-133 audits performed annually (if required) and cooperate with follow-up process?	<input type="checkbox"/>	<input type="checkbox"/>		V.B.3.
j. Notify Commission and CNCS prior to significant budgetary or programmatic changes?	<input type="checkbox"/>	<input type="checkbox"/>		IV.M., V.A.2.
k. Respond in a timely manner to inquiries from the Commission?	<input type="checkbox"/>	<input type="checkbox"/>		
l. Address issues promptly?	<input type="checkbox"/>	<input type="checkbox"/>		

II. Early Issue Identification

a. When asked, does the program report any difficulties not noted in Pre-Site Visit Review?

b. Has on-going monitoring indicated any issues not listed above?

MODULE B:
MEMBER DOCUMENTATION
On-Site Review

- I. Member Documentation**
- II. Benefits and Coverage**
- III. Follow-Up and Support**

Module B: Member Documentation On-Site Review

Instructions

For Self-Assessment:

1. The program director or other senior staff should complete this form.
2. Complete this form based on knowledge of the program's operations, or follow steps, below, for a formal files review.

For Outside Reviewer:

1. To complete Section I, select representative members from a complete list of members.
2. Do not let the program select the members. Review selected member file(s) for the items listed. If you detect issues, you may want to increase the number of files checked. Review as many files as you need to get a good handle on the completeness and accuracy of the files.
3. Review program files for items listed in Section II.
4. If you would like to streamline the process, select every second or third item in Sections I and II. Note which items you did not review by checking the appropriate box. Again, if you detect issues, you may want to increase the number of items you review.
5. Ask the program director the questions in Section III and complete section.

Background Information

1. Commission Name:	2. Name(s) of person(s) providing information:
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3. Name and title of person(s) completing this form:	4. Date(s):	5. Type of assessment <input type="checkbox"/> Self-Assessment <input type="checkbox"/> Outside Assessment
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6. This form contains information collected from interviewing, conversing with and/or observing:	
<input type="checkbox"/> Board Member(s)	<input type="checkbox"/> Member(s)
<input type="checkbox"/> Member supervisor(s) from partner organization(s)	<input type="checkbox"/> Program staff
<input type="checkbox"/> Other stakeholder(s):	

7. Member documentation in files (last program year and current program year, if applicable):

Number in sample of reviewed member files (if self-assessment and not based on sample, skip this question).

Last Program Year: _____ This Program Year: _____

Obtain roster of members with start/end dates and attach to this Module. (WBRs)

I. Member Documentation

See attached “Documentation Required for Each AmeriCorps Member File”.

II. Benefits and Coverage

Does the program have accurate and up-to-date documentation showing		Yes	No	Comments	AmeriCorps Provision
a.	Child care made available to eligible members?	<input type="checkbox"/>	<input type="checkbox"/>		IV.I.6., IV.F.4, IV.N.3.
b.	FICA coverage for members?	<input type="checkbox"/>	<input type="checkbox"/>		IV.I.3.b.
c.	Family and medical leave coverage for members are appropriate?	<input type="checkbox"/>	<input type="checkbox"/>		IV.I.8.
d.	Do Grievance Procedures and Binding Arbitration meet the Standards?	<input type="checkbox"/>	<input type="checkbox"/>		
e.	Health care coverage for eligible members?	<input type="checkbox"/>	<input type="checkbox"/>		IV.I.5.
f.	Liability insurance that properly covers members?	<input type="checkbox"/>	<input type="checkbox"/>		IV.I.3.a.
g.	Workers Compensation or other liability coverage for members?	<input type="checkbox"/>	<input type="checkbox"/>		IV.I.4.

III. Follow-Up and Support (ask program staff questions below)

1. Is there anything about member documentation requirements that is confusing to you? Do you need more information or support to comply in this area?

2. Is there anything that the State Commission could do better or differently to support you in meeting your member documentation requirements

Additional Comments:

MODULE C:
FINANCIAL REVIEW
On-Site Visit

- I. Financial Systems**
- II. State Specific Financial Requirements**
- III. Follow-Up & Support**

Module C: Financial Review

Instructions

Note: The individual(s) completing this form should be familiar with the AmeriCorps financial grant requirements, standard accounting practices, internal control and cost allocation procedures, and financial management systems in general. In order to facilitate review of such requirements, specific AmeriCorps provisions or other sources are referenced for some topics.

For Self-Assessment:

1. The financial officer or other senior staff familiar with the program's financial procedures should complete this form.
2. Complete this form based on knowledge of the program's financial operations, or follow steps, below, for a formal spot check.

For Outside Reviewer:

1. To complete Section I, ask program staff to show you their procedures. For example, under “Accurately document and track cash and in-kind contributions” (I a), you could ask to see documentation, for example, for the office space that a community partner told you they donated. Ask for as many examples you feel you need to accurately assess their procedures.
3. If you would like to streamline the process, select every second or third item in Section I. Note which items you did not review by checking the appropriate box. If you decide to sample items and detect problems, you may want to increase the number of items you review. Please note that if you detect problems, you will probably want to review all items.
4. Ask the program director the questions in Section I and complete section.

Background Information

1. Commission Name:	2. Name(s) of person(s) providing information:
3. Name and title of person(s) completing this form:	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">4. Date(s):</div> <div style="width: 45%;"> 5. Type of assessment <input type="checkbox"/> Self-Assessment <input type="checkbox"/> Outside Assessment </div> </div>
6. This form contains information collected from interviewing, conversing with and/or observing: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Board Member(s)</div> <div style="width: 50%;"><input type="checkbox"/> Member(s)</div> <div style="width: 50%;"><input type="checkbox"/> Member supervisor(s) from partner organization(s)</div> <div style="width: 50%;"><input type="checkbox"/> Program staff</div> <div style="width: 50%;"><input type="checkbox"/> Other stakeholder(s):</div> </div>	

I. Financial Systems

Does the program	Yes	No	Comments	AmeriCorps Provision
a. Follow standard accounting principles?	<input type="checkbox"/>	<input type="checkbox"/>		V.B.1.
b. Have internal controls and a clear audit trail?	<input type="checkbox"/>	<input type="checkbox"/>		V.B.1.
c. Have written cost allocation procedures?	<input type="checkbox"/>	<input type="checkbox"/>		V.B.1.
d. Sign and indicate payment on invoices and vouchers?	<input type="checkbox"/>	<input type="checkbox"/>		
e. Accurately distinguish receipts and disbursements attributable to the grant from those non-attributable?	<input type="checkbox"/>	<input type="checkbox"/>		V.B.1.
f. Have receipts/vouchers/source documents for each purchase or expenditure?	<input type="checkbox"/>	<input type="checkbox"/>		
g. Have receipts/vouchers consistent with ledger, histories and expenditure reports?	<input type="checkbox"/>	<input type="checkbox"/>		
h. Accurately track and monitor expenditures by budget line item?	<input type="checkbox"/>	<input type="checkbox"/>		

Volunteer Tennessee Monitoring of AmeriCorps Programs

Does the program	Yes	No	Comments	AmeriCorps Provision
i. When required, obtain written approval from CNCS grants officer for budget changes?	<input type="checkbox"/>	<input type="checkbox"/>		
j. Keep administrative costs charged to CNCS within the 5% cap?	<input type="checkbox"/>	<input type="checkbox"/>		V.C.
k. Ensure that grant funds do not inappropriately supplant or duplicate other funds?	<input type="checkbox"/>	<input type="checkbox"/>		
l. Obtain CNCS prior approval for equipment purchases when required.	<input type="checkbox"/>	<input type="checkbox"/>		
m. Meet matching requirements?	<input type="checkbox"/>	<input type="checkbox"/>		
n. Accurately document and track cash matching contributions?	<input type="checkbox"/>	<input type="checkbox"/>		
o. Accurately document and track in-kind matching contributions?	<input type="checkbox"/>	<input type="checkbox"/>		
p. Have vouchers for in-kind contributions?	<input type="checkbox"/>	<input type="checkbox"/>		
q. Have checks signed by someone who is not involved in their preparation?	<input type="checkbox"/>	<input type="checkbox"/>		
r. Reconcile monthly bank statements?	<input type="checkbox"/>	<input type="checkbox"/>		
s. Have member time and attendance records signed by individual and supervisor or oversight official?	<input type="checkbox"/>	<input type="checkbox"/>		
t. Do signed staff time and attendance records indicate time spent on various activities such as AmeriCorps grants, other projects, other activities such as organizational management and general administrative, etc.?	<input type="checkbox"/>	<input type="checkbox"/>		
u. Track total program training hours and stay within 20% cap?	<input type="checkbox"/>	<input type="checkbox"/>		
v. Withhold personal income tax and FICA from member living allowance?	<input type="checkbox"/>	<input type="checkbox"/>		
w. Distribute living allowance appropriately?	<input type="checkbox"/>	<input type="checkbox"/>		IV.I.1.

	Does the program	Yes	No	Comments	AmeriCorps Provision
x.	Stay within the daily maximum rate for consultants?	<input type="checkbox"/>	<input type="checkbox"/>		
y.	Have accounting records consistent with information on FSRs?	<input type="checkbox"/>	<input type="checkbox"/>		

II. State-Specific and Other Financial Requirements

	Does the program	Yes	No	Comments
a.		<input type="checkbox"/>	<input type="checkbox"/>	
b.		<input type="checkbox"/>	<input type="checkbox"/>	

III. Follow-Up and Support (ask program staff questions below)

1. Are there any aspects of the financial requirements that are confusing to you? Do you need more information or support to comply in this area?

2. Is there anything that the State Commission could do better or differently to support you in meeting your financial requirements?

MODULE D:
PROGRAM MANAGEMENT REVIEW
On-Site Visit

- I. Policies & Procedures**
- II. Follow-Up & Support**

Module D: Program Management

Instructions

Note: The individual(s) completing this form need(s) to be familiar with AmeriCorps grant requirements. To facilitate review of such requirements, each item is referenced to the appropriate requirement.

For Self-Assessment:

1. The program director or other senior staff should complete this form.
2. Complete this form based on knowledge of the program's operations.

For Outside Reviewer:

1. Complete Section I in its entirety. You may need to answer question four after completing the form.
2. Complete the remainder of the module from the information gathered from interviewing the project director and/or other program staff, from checking documentation and, where applicable Members and/or community partners. This form should not be administered as a quick yes/no interview. The interviewer should probe, check documentation, confirm with others regarding policies and make their own judgment whether the program is in compliance.
3. If you would like to streamline the process, select every second or third item in Section II. Note which items you did not review by checking the appropriate box.
4. Ask the program director the questions in Section III and complete section in its entirety.

Background Information

1. Commission Name:	2. Name(s) of person(s) providing information:

3. Name and title of person(s) completing this form:	4. Date(s):	5. Type of assessment <input type="checkbox"/> Self-Assessment <input type="checkbox"/> Outside Assessment

6. This form contains information collected from interviewing, conversing with and/or observing:

☐ Board Member(s)

☐ Member(s)

☐ Member supervisor(s) from partner organization(s)

☐ Program staff

☐ Other stakeholder(s):

I. Policies and Procedures

	Yes	No	Comments	AmeriCorps Provisions
a. Have a local recruitment plan that encourages diversity?	<input type="checkbox"/>	<input type="checkbox"/>		
b. Support members in getting GED and in post-service educational transition?	<input type="checkbox"/>	<input type="checkbox"/>		
c. Encourage, but not require, members to vote and allow members time to vote with no penalty?	<input type="checkbox"/>	<input type="checkbox"/>		IV.D.7.
d. Allow members to serve on a jury and serve in the Armed Forces Reserves with no penalty?	<input type="checkbox"/>	<input type="checkbox"/>		IV.D.8. IV.D.10.
e. Promptly notify changes to child and health care providers?	<input type="checkbox"/>	<input type="checkbox"/>		IV.F.4.
f. Comply with the Drug-Free Workplace Act?	<input type="checkbox"/>	<input type="checkbox"/>		IV.D.3.
g. Ensure that it does not supplant or duplicate services or displace employees?	<input type="checkbox"/>	<input type="checkbox"/>		
h. Have policies to ensure that members do not engage in prohibitive activities?	<input type="checkbox"/>	<input type="checkbox"/>		IV.D.2.c.

i.	Obtain written approval of changes from Commission or CNCS Grants Officer when required?	<input type="checkbox"/> <input type="checkbox"/>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
j.	Demonstrate that it is on-track in terms of meeting its objectives?	<input type="checkbox"/> <input type="checkbox"/>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
k.	Ensure that members are primarily engaged in activities as described in the cooperative agreement?	<input type="checkbox"/> <input type="checkbox"/>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
l.	Use AmeriCorps logo and participate in AmeriCorps events?	<input type="checkbox"/> <input type="checkbox"/>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
m.	Provide member orientation that enhances member security and sensitivity to the community, and covers their risks and responsibilities?	<input type="checkbox"/> <input type="checkbox"/>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
n.	Provide pre-service and on-going training that ensures that members are adequately skilled to perform their service?	<input type="checkbox"/> <input type="checkbox"/>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

II. Follow-Up and Support (ask program staff questions below)

1. Are there any aspects of the policies/procedures requirements that are confusing to you? Do you need more information or support to comply in this area?

2. Is there anything else that the State Commission could do better or differently to support you in meeting your policies and procedures requirements?

**MODULE E:
PROGRAM EFFECTIVENESS REVIEW**

- I. Organizational Strength**
- II. Service Project Effectiveness**
- III. Member Experience**
- IV. Follow-Up and Support**

*This instrument can be used before or during site visits.
Please see instructions following.*

Module E: Program Effectiveness Review

Pre-Site or On-Site Visit

Instructions

This form can be used as survey, interview, focus group guide, or as a log for documenting observations and conversations from a site visit. If a survey, you may send it by mail in advance of your visit. Regardless of how it is used, the information from this form should be used to help:

- A. Determine whether the program meets minimum program effectiveness standards. The specific requirements that this module covers are as follows:

Program Effectiveness Requirements	AmeriCorps Provisions/Source(s)	Pertinent Question(s)
a. Assesses operations continually and makes changes to improve.	Pr. 37;45 CFR 2516.820a,a &b; and 2522.100b	II.2, II.3, II.4, III.4
b. Incorporates broad-based local input in program design, implementation and evaluation, and consults with local labor organizations.	Pr. 4; 2522.100d	II.1, III.4
c. Has a demonstrable direct benefit on community (that is valued by the community).	45 CFR 2522.100a	III.1, III.2, III.4
d. Strengthens community and encourages mutual respect and cooperation among diverse groups.	45 CFR 2522.100a	III.5, III.6
e. Promotes ethic of active and productive citizenship, public and community service and educational achievement in Members.	45 CFR 2522.540c	IV.1 IV.2

Please refer to the listed sources for more information on these requirements.

- B. Determine the overall effectiveness of the program beyond minimum requirements and identify areas where there can be further improvement.
- C. Validate policy and procedure compliance items, particularly if the instrument is used to collect information from individuals outside of AmeriCorps.

For Self-Assessment:

1. The program director or other senior staff should complete this form. This form can also be used as a self-assessment from a group of individuals (e.g. other staff, site supervisors) as a survey, group interview or focus group. Make responses confidential for better results. If there are barriers to free and open communication, consider administering it as an anonymous survey.

For Outside Reviewer:

1. Administer this form as a survey, interview, or use it a focus group guide or as a log for site visit notes. For most valid results this module should collect information from a variety of individuals including partners, Members and community members.
2. If you are using this form as a focus group guide, by-pass the closed-ended questions, or tabulate how many individuals give each of the responses.
3. Ensure that you capture information from at least Members and principal partners. For best results, capture information from representatives of the board, the local government, the private sector, beneficiaries and other stakeholders as well.
4. If you would like to streamline the process, use one or more of the following options:
 - a. Administer this module as a survey. For best results conduct the survey through the mail and review responses prior to a site visit.
 - b. In the case of an interview, or especially a focus group, ask only the questions that are of most interest.
 - c. Collect information only from Members and partners.

Notes:

Background Information

1. Name and title of person(s) completing this form:	2. Date(s):	3. Type of assessment <input type="checkbox"/> Self-Assessment <input type="checkbox"/> Outside Assessment
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4. This form being used as a:

- ☐ written survey (responses are from individual completing this form, whose name is listed above).
- ☐ interview.
- ☐ focus group guide.
- ☐ log of site visit observations and conversations.
- ☐ other:

5. This form contains information collected from (i.e., who is the survey respondent or interviewee, or who are the focus group participants, etc.):

Names:

☐ Board Member(s).

☐ Member(s).

☐ Member supervisor(s) from partner organization(s).

☐ Program staff.

☐ Other stakeholder(s):

I. Organizational Strength

- a. In what ways is the program's leadership strong?

How could program leadership improve?

- c. What are the strengths of the program's impact tracking?

How can the program improve its impact tracking?

II. Service Project Effectiveness

- a. In what ways does the program benefit those it serves and/or the community?

In what ways could the program better serve individuals and/or the community?

- b. How are members prepared and trained to serve the community?

How can member preparation and training be improved?

- c. In what ways is the program effective in soliciting and incorporating community input?

In what ways could the program improve ways to solicit and incorporate community input?

- d. In what ways does this program involve diverse individuals?

How could this program better recruit and involve diverse individuals?

III. Member Experience

- a. In what ways does this program foster educational achievement, service and citizenship in members?

In what ways could this program improve the educational achievement, service and citizenship impact it has on members?

- b. In what other ways does this program positively impact members?

In what ways could this program improve the other positive impacts it has on members?

IV. Follow-Up and Support

Is there anything else you would recommend to the program to increase its effectiveness?